



PCTW
IAP04Rec'd PCT 08 SEP 2008

Atty. Dkt. No. 082671-0228

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael SWAB

Title: A FEEDER CART USED TO INTEGRATE
FEEDER MECHANISMS AND SURFACE
MOUNT MACHINES OF VARYING TYPES

Appl. No.: 10/537,990

International 12/08/2003

Filing Date:

371(c) Date: 06/16/2006

Examiner: David Patrick Angwin

Art Unit: 3729

Confirmation 1372

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims		Extra		Additional
	As	Previously	Claims	Rate	
	Amended	Paid For	Present		Claims Fee
Total Claims:	26	-	23	=	\$150.00
			3	x \$50.00	
Independent Claims:	3	-	3	=	\$0.00
			0	x \$210.00	
First presentation of any Multiple Dependent Claims:			+ \$370.00	=	\$0.00

CLAIMS FEE TOTAL =	\$150.00
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[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[X] Extension for response filed within the second month:	\$460.00	\$460.00
[] Extension for response filed within the third month:	\$1,050.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
	EXTENSION FEE TOTAL:	\$460.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$610.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$610.00

A credit card payment form in the amount of \$610.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 8, 2008

By Jessica M. Cahill

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Jessica M. Cahill
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